

PATENT APPLICATION SERIAL NO 10/519525

U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE  
FEE RECORD SHEET

01/06/2005 GFREY1 00000048 061448 10519525

01 FC:1631	300.00 DA
02 FC:1632	500.00 DA
03 FC:1633	200.00 DA
04 FC:1617	130.00 DA
05 FC:1615	300.00 DA

00/02/2005 AJOHNS02 00000010 061448 10519525  
01 FC:1642 400.00 DA

02 FC:1632 500.00 CR

PTO-1556  
(5/87)

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: _____		2 Serial/Patent # <u>07519525</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input checked="" type="checkbox"/>	Filing	1	12/27/04	\$ 100							
<input type="checkbox"/>	Amendment			\$							
<input type="checkbox"/>	Extension of Time			\$							
<input type="checkbox"/>	Notice of Appeal/Appeal			\$							
<input type="checkbox"/>	Petition			\$							
<input type="checkbox"/>	Issue			\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/>	Maintenance			\$							
<input type="checkbox"/>	Assignment			\$							
<input type="checkbox"/>	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$ 100							
		8 TO BE REFUNDED BY:									
10 REASON:		Treasury Check									
<input checked="" type="checkbox"/>	Overpayment	Credit Deposit A/C #:									
<input type="checkbox"/>	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">0</td> <td style="width: 20px;">6</td> <td style="width: 20px;">--</td> <td style="width: 20px;">1</td> <td style="width: 20px;">4</td> <td style="width: 20px;">4</td> <td style="width: 20px;">8</td> </tr> </table>			0	6	--	1	4	4	8
0	6	--	1	4	4	8					
<input type="checkbox"/>	No Fee Due (Explanation):										
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>A JOHNSON</u>			TITLE: <u>paralegal</u>								
SIGNATURE: <u>A Johnson</u>			PHONE: <u>308-9140</u>								
OFFICE: <u>PIF</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: _____			DATE: _____								

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**